

PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

type a plus sign (+) inside this box→ + Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE vork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1 53(b))

Attor	ney Docket No.	85CF-00112	
First	Inventor	Tim K Keyes	
Title	VALUATION PR	EDICTION MODELS IN SITUA	TIONS WITH =
	MISSING INPUT	53	
Evnn	ace Mail I ahal No	EL319732907US	91

												/	
	APPLICATION ELE	MENTS			Δ	DDE	RESS TO:		nt Commissio		atents		
See MPEP chapter 600 concerning utility patent application contents.						ADDRESS TO: Box Patent Application Washington, DC 20231							
1. Fee Transmitta	Fee Transmittal Form (e.g.,PTO/SB/17) (Submit an original, and a duplicate for fee processing)						CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
	ms small entity status	processing)				Nucl		or Āmino	Acid Seque	nce Sul	bmission		
3. Specification		Total Page	s 45]					Form (CRF	1			
(Preferred arrang	ement set forth below)		Ц		b.	_			Listing on:	•			
- Desc	riptive title of the Inver	ntion			υ.				CD-R (2 cor	deely ex		- 1	
	References to Relate ment Regarding Fed s						ii. pap		CD-K (2 CO)	nes), or		İ	
- Refer	ence to sequence listi am listing appendix	ng, a table,	or a con	nputer	C.		Statements	venfyir	g identity of	above c	opies		
	ground of the Inventio Summary of the Inver				ACCOMPANYING APPLICATION PARTS						i		
	Description of the Dra led Description	wings (if file	d)		g. [Assignment Papers (cover sheet & documer			ument(s))	(s))			
- Claim					10.]	37 CFR 3.7 (when there	3(b) Sta is an a	tement ssignee) 🔯	(For ide	of Attorni entificatio or only)	ey on of	
4. ☑ Drawing(s) (35	USC 113)	Total Shee	ets g	71	11.	1	English Tra	nslation	Document (i				
5. Oath or Declara	*	Total Page		<u> </u>	12.	_	Information Statement (Disclos	ure _		s of IDS		
_	executed (original or				13.		Preliminary	. ,		Citation	lis		
	· -		00(4))		-	_				503)		- 1	
b. (for co	b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)						14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					}	
i. 🗆	ntor(s)	15.	5. Certified Copy of Priority Document(s) (If foreign priority is claimed)				l						
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).						Request and Cert						1	
noo(a)(a) and noo(a).						 (b)(2)(B)(i). Applicant must attach form its equivalent. 					PTO/SB/	'35 or	
					47.5		E	xpress	Mail Certifi	cate			
6. Application Data	a Sheet. See 37 CFR	1./6			17.	2	Other:						
18. If a CONTINUING in an Application	APPLICATION, chec		te box, a	nd supply t	he requ	uisite	information	below a	and in a preli	ninary a	amendme	ent, or	
☐ Continuation	☐ Div	isional		Continua	tion-in-	-part	(CIP) of	prior ap	plication No.:	. /	/		
Prior application information Examiner:									Group/Art Unit.			1	
For CONTINUATION OR 5b, is considered a part	DIVISIONAL APPS only of the disclosure of the	: The entire	disclosur	e of the prio	r applic	ation appli	, from which cation and is submitted ar	an oath	or declaration incorporated to parts	is suppl by refere	lied under ince. The	·Box	
5b. is considered a part of the disciosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS													
Customer Number	or Bar Code Label	(Insert Cust	om No. or	Attach bar o	ode labe	el here	or 🛭 Co	rrespon	dence addre	ss belov	N		
Name	John S. Beulick											\neg	
	Armstrong Teasdale	LLP										\neg	
Address	One Metropolitan Sc		0									\neg	
City	St. Louis State Missouri					Zip Code 63102							
Country	US		Telepho	ne (314)	621-50	70		F	ax (314) 6	21-506	5		
Name (Print/type)	Robert E. Slenker					Re	egistration N	Vo. (Atto	mey/Agent)	45,1	112	一	
Signature	81.99	Sout.						Date	Decemb	per 21, 2	2000	\neg	
Burden Hour Statement T	his form is estimated to ta	ke 0.2 hours	to comple	le. Time will	arv dec	endir	na upon the ne	eeds of th	e individual ca	se Any c	comments of	on the	

amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Express Mail mailing label number: EL319732907US

Date of Mailing: December 21, 2000

I certify that the attached utility patent application claiming the benefit of Provisional Application Serial No. 60/173,875, filed December 30, 1999 of TIM K. KEYES for VALUATION PREDICTION MODELS IN SITUATIONS WITH MISSING INPUTS including:

- Thirty-seven (37) pages of specification; seven (7) pages of claims; one (1) page of abstract
- Nine (9) sheets of drawings
- Patent Application Transmittal (1 page)
- Fee Transmittal (in duplicate) (1 page)
- Declaration and Power of Attorney (2 pgs.) (for identification of inventors only)
- Certificate of Mailing Via Express Mail (1 page)
- Return post card

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to the Assistant Commissioner for Patents, Box PATENT APPLICATION, Washington, D.C. 20231.

Røbert E. Slenker, Reg. No. 45,112

Armstrong Teasdale LLP

One Metropolitan Square, Suite 2600

St. Louis, MO 63102

314/621-5070

Signature

21 DEC 2000

Date

Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office, US DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no pe	rsons are required to	respond to a collection of informati	on unless it displays a valid OMB control number					
		Complete If Known						
FEE TRANSMIT	TAL	Application Number						
for FY 2001		Filing Date						
		First Named Inventor	Tim K Keyes					
Patent fees are subject to annual re	vision	Group Art Unit						
		Examiner Name						
TOTAL AMOUNT OF PAYMENT	(\$)890 00	Attorney Docket Number	85CF-00111					

METHOD OF PAYMENT (CHECK ORE)						FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any over navineets to.						3	ADDI	TIONAL	FEES				
Credit any over payments to							Large	Entity		Entity			
Deposit Account Number 01-2384							Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Des	cration	Fee Paid
							105	(a) 130	205		Surcharge - late filing		ree raiu
							127	50	205		Surcharge-late provi		
Deposit Account							12/	00	221		fee or cover sheet	sional milig	
Name					_		139	130	139	130	Non-English specific	ation	
		y Additional F					147	2520	147		For filing a request for reexamination		
☐ Ap	plicant o	daims small e	ntity status				112	920*	112	920*	Requesting publicati to Examiner action	on of SIR prior	
		R 1 16 and 1	17				113	1840*	113		Requesting publicati Examiner action	on of SIR after	
2. Paym	ent En	closed					115	110	215	55	Extension for reply v	vithin first month	
☐ Check		☐ Credit Ca	rd 🗆 M	oney Order	□ Oth	ner	116	390	216		Extension for reply v Month	vithin second	
		FEE C	ALCULAT	ION			117	890	217	445	Extension for reply v	vithin third month	
1. BASIC FILI	NG FE	<u> </u>					118	1390	218		Extension for reply we month		
Large Entity	Sma	II Entity					128	1890	228	945	Extension for reply v	uthin fifth month	
Fee Fee	Fee	Fee					119	310	219		Notice of Appeal		
Code (\$)	Code		Fee D	Description	Fee P	aid	120	310	220	155	Filing a brief in supp	ort of an appeal	
							121	270	221		Request for oral hea		
101 710 106 320	201 206	355 160	Utility Fili Design F			10 00	138	1510	138		Petition to institute a proceeding	public use	
107 490	207	245	Plant Fili				140	110	240		Petition to revive - u	navoidable	
108 710	208	355		filing Fee			141	1240	241	620	Petition to revive - u	nintentional	
114 150	214	75	Provision	al Filing Fee			142	1240	242	620	Utility issue fee (or n	eissue)	
				untotu au l		10 00	143	440	243	220	Design issue fee		
			s	UBTOTAL (1)		10 00	144	600	244	300	Plant issue fee		
2. EXTRA CL	AIM C	EER			_		122	130	122	130	Petitions to the Com	missioner	
Z. EXTRA GI	AIM F	EES	Extra	Fee From			123	50	123		Petitions related to p	rovisional	
Claims Below Fee Paid							126	180	126		applications Submission of Inform Stmt	nation Disclosure	
Total Claims 30 -20** 10 x 18 = 180 00 lndependent Claims 3 -3* 0 x 80 = 0						00	581	40	581	40	Recording each pate per property (times r	ent assignment number of	
Large Entity	Small	Entity	^				146	710	246	355	properties) Filing a submission :		
		Fee									rejection (37-CFR 1.		
		(\$)		ee Description			149	710	249	355	For each additional in examined (37 CFR 1	nvention to be ! 129(b))	
	203 202		s in excess o	of 20 is in excess of 3			179	710	279	355	Request for Continu (RCE)		
104 270	204	135 Multip	le dependen	t clam, if not pa	ııd		169	900	169	900	Request for expedite		
109 80 209 40 **Relssue independent claims over original patent							of a design application Other fee (specify)						-
110 18 210 9 **Reissue claims in excess of 20 and over original patent								ee (spe	eciry)				
SUBTOTAL (2) 180 00										_			
**or number previously paid, if greater, For Reissues, see above							*Kedu	bea by i	Basic Fili	ng Fee	Paid SUBTOTAL	(3)	
SUBMITTED BY											Con	nplete (if applica	ble)
Name (Print/Type) Robert E. Slenker Registra (Attorne						4	5,112		Telephone	Telephone (314) 621-5070			
	\rightarrow												

WARNING: Information on this form may become public. Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038.

Burden Hour Statement This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Platent and Trademark Office, Washington, DC 2023.1. DN OTS SEND FEES OR COMPLETE DFORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 2023.1.